

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.

101586265

FILING DATE

CLAIMS

	AS FILED		AFTER		AFTER	
	1 <sup>ST</sup> AMENDMENT		2 <sup>ND</sup> AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			1			
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TOTAL IND.			1			
TOTAL DEP.			5			
TOTAL CLAIMS			6			

	AS FILED		AFTER		AFTER	
	1 <sup>ST</sup> AMENDMENT		2 <sup>ND</sup> AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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